

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO. \_\_\_\_\_

FILING DATE \_\_\_\_\_

APPLICANT(S) \_\_\_\_\_

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1	/				
2	1	/				
3	1	/				
4		1				
5		1				
6		1				
7		1				
8		1				
9	1	/				
10		1				
11		1				
12		1				
13		1				
14		1				
15	1	/				
16	1	/				
17	1	/				
18		1				
19	1	/				
20		1				
21	1	/				
22		1				
23		1				
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47						
48						
49						
50						
TOTAL IND.	9					
TOTAL DEP.	15	↔	↔	↔		
TOTAL CLAIMS	24	↔	↔	↔		

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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54						
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95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.		↔	↔	↔		
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS